State File No. *204*

Registered No. *18*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH

County *Gila*　　State *Arizona*

District or Township *Globe*　　or Village

City *Globe*　　No.　　St.　　Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Juana Chavez*

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child *Female*

To be answered ONLY in event of plural births.

4. Twin, triplet or other　　

5. No., in order of birth　　

6. Legitimate? *yes*

7. Date of birth *Jan. 27, 1926*　　Month　Day　Year

8. FATHER	14. MOTHER
Full name *Paublina Chavez*	Full maiden name *Ricarda Baldez*
9. Residence (Usual place of abode) If non-resident, give place and state *Globe, Ariz.*	15. Residence (Usual place of abode) If non-resident, give place and state *Globe, Ariz.*
10. Color or race *Mexican*	16. Color or race *Mexican*
11. Age at last birthday *39* (Years)	17. Age at last birthday *39* (Years)
12. Birthplace (city or place) *Mexico* (State or country)	18. Birthplace (city or place) *Mexico* (State or country)
13. Occupation Nature of industry *Miner*	19. Occupation Nature of industry *Housewife*

20. Number of children of this mother *Nine*

(Taken as of time of birth of child herein certified and including this child.)

{ (a) Born alive and now living *Seven*

(b) Born alive but now dead *Two*

(c) Stillborn *none*

21. Were precautions taken against ophthalmia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *10:10 p.m.* on the date above stated

(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ Month, day, year

Signature *J. C. Harper, M. D.*

Physician (Physician or midwife).

Address *Globe, Arizona*

Filed *Jan 31*, 19 *26*　*W. W. Ford*

Registrar

Registrar

139 - 127 - 939